

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L09000024386

1. Entity Name
STULTZ PROPERTIES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 25 PM 2:39

Principal Place of Business
11811 LAKESHIRE COURT
FORT MYERS, FL 33913

Mailing Address
11811 LAKESHIRE COURT
FORT MYERS, FL 33913



05122010 Chg-LLC CR2E083 (11/08)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4652210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STULTZ, JOHN M
11811 LAKESHIRE COURT
FORT MYERS, FL 33913

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

FILE NOW!!! FEE IS \$138.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME STULTZ, JOHN M
STREET ADDRESS 11811 LAKESHIRE COURT
CITY-ST-ZIP FORT MYERS, FL 33913

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000181313910
CITY-ST-ZIP 05/25/10--01010--012 **\$138.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/20/10 234 565 3054